PART B - FEE(S) TRANSMITTAL

	1 9 2006	ith applicable		Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents	•
INSTRUCTION. This for appropriate. All the there indicated unless threeted maintenance fee no Notation	orm should hused for transported including the below of Grected otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and PUBLIC ders and notification) specifying a new of	CATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks 1 through 5 will be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
John V. Biernacl Jones Day North Point	•			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
901 Lakeside Avenue Cleveland, OH 44114				Jacqueline M. O'Brien (Depositor's name)		
Cleveland, OH 44114 05/22/2006 WABDELR3 00000019 501432 10698602				Cacataline M. Ofner (Signature)		
01 FC:1501	1400.00 DA			May 17, 20	06	(Date)
APPLICATION NO.			FIRST NAMED INVEN	ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/698,602	598.602 10/31/2003 Michael G. Kir		Michael G. Kirku		555255-012616	9861
	SYSTEM AND METHOD O				· · · · · · · · · · · · · · · · · · ·	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400) 	\$300	\$1700	07/17/2006
EXAMINER		ART UNIT		LASS-SUBCLASS		
EWART	, JAMES D	2617		455-411000		
1. Change of corresponden CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indic: PTO/SB/47; Rev 03-02 Number is required.	(1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered paten	For printing on the patent front page, list 1) the names of up to 3 registered patent attorneys ragents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. 1				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Research In Motion Limited Waterloo, Ontario, Canada						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are enclosed: Let Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies Advance Order - # of Copies 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1432 (enclose an extra copy of this form).						
	s (from status indicated abov				5255-012616	SED 1 27/-1/21
	SMALL ENTITY status. See D is requested to apply the Iss				LL ENTITY status. See 37 (
NOTE: The Issue Fee and	Publication Fee (if required) cords of the United States Pat	will not be accepted	d from anyone other	than the applicant; a reg	istered attorney or agent; or	the assignee or other party in
Authorized Signature _	David B	· Coch	di	Date	4/27/06	
Typed or printed name	David B. C	ochran		Registration l	w. <u>39,142</u>	
an application. Confidentia submitting the completed of this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	application form to the USP1 ns for reducing this burden, s ginia 22313-1450. DO NOT	TO. Time will vary hould be sent to the SEND FEES OR	depending upon the e Chief Information (COMPLETED FORM	is estimated to take 12 individual case. Any conficer, U.S. Patent and AS TO THIS ADDRES	minutes to complete, including the comments on the amount of the Trademark Office, U.S. Des. SEND TO: Commissioner	ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450,